

**STATE OF SOUTH DAKOTA FINANCING STATEMENT – UCC 3
APPROVED STANDARD FORM**

Secretary of State
500 E. Capitol • Pierre, SD 57501-5070 • 605-773-4422

Fee \$ _____

Account # _____

PLEASE TYPE THE INFORMATION ON THIS FORM ACCORDING TO ALL INSTRUCTIONS PRINTED ON THE BACK OF THE UCC 3 FORM

NOTE: Type smaller than 8 point is not acceptable. This is an example of 8 point type.

1. SECURED PARTY NAME AND ADDRESS insert only one secured party name (1a or 1b)

or	1a. ORGANIZATION'S NAME			
	1b. INDIVIDUAL'S LAST NAME			
1c. MAILING ADDRESS		FIRST NAME	MIDDLE NAME	SUFFIX
CITY		STATE	POSTAL CODE	COUNTRY

2. ASSIGNEE OF SECURED PARTY NAME AND ADDRESS insert only one assignee name (2a or 2b)

or	2a. ORGANIZATION'S NAME			
	2b. INDIVIDUAL'S LAST NAME			
2c. MAILING ADDRESS		FIRST NAME	MIDDLE NAME	SUFFIX
CITY		STATE	POSTAL CODE	COUNTRY

3. DEBTOR'S EXACT FULL LEGAL NAME – insert only one debtor (3a or 3b) – do not abbreviate or combine names.

or	3a. ORGANIZATION'S NAME			
	3b. INDIVIDUAL'S LAST NAME			
3c. MAILING ADDRESS		FIRST NAME	MIDDLE NAME	SUFFIX
CITY		STATE	POSTAL CODE	COUNTRY
3d. TAX ID # SSN OR EIN	ADD'S INFO RE ORGANIZATION DEBTOR	3e. TYPE OF ORGANIZATION	3f. JURISDICTION OF ORGANIZATION	3g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE

4. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one debtor name (4a or 4b) – do not abbreviate or combine names.

or	4a. ORGANIZATION'S NAME			
	4b. INDIVIDUAL'S LAST NAME			
4c. MAILING ADDRESS		FIRST NAME	MIDDLE NAME	SUFFIX
CITY		STATE	POSTAL CODE	COUNTRY
4d. TAX ID # SSN OR EIN	ADD'S INFO RE ORGANIZATION DEBTOR	4e. TYPE OF ORGANIZATION	4f. JURISDICTION OF ORGANIZATION	4g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE

THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT NO. _____ (limited to one transaction per UCC 3)

DATE _____ FILED WITH _____

<input type="checkbox"/> CONTINUATION The financing statement bearing the above file number is still effective. <i>Cannot be filed more than six months prior to the expiration date.</i> Fee: \$20 and \$2 for each additional debtor name	<input type="checkbox"/> TERMINATION The secured party no longer claims a security interest under the financing statement bearing the above file number. Must be signed by secured party for effective financing statements. Fee: None	<input type="checkbox"/> ASSIGNMENT The secured party's rights to the property described below under the statement bearing the above file number have been assigned to the assignee whose name and address are listed above. Must be signed by secured party and debtor for Effective Financing Statement. Fee: \$20 and \$2 for each additional debtor name	<input type="checkbox"/> AMENDMENT The financing statement bearing the above file number is amended as set forth below. Must be signed by both debtor and secured party for Effective Financing Statement. Fee: \$20 and \$2 for each additional debtor name
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This area is for the description of collateral, release, collateral if assigned, or description of real estate, if necessary:

Check (X) if covered: ☐ PROCEEDS of collateral are also covered. ☐ PRODUCTS of collateral are also covered.

Use the following spaces only for Farm Products requiring EFFECTIVE FINANCING STATEMENT (EFS)

FARM PRODUCT	CODE	YEAR	QUANTITY	COUNTY CODE	LOCATION IN COUNTY OR FURTHER DESCRIPTION

Pay proceeds to Debtor and Secured Party unless otherwise checked: ☐ Secured Party only ☐ Debtor only

Filed with the Secretary of State as ☐ UCC ☐ EFS ☐ BOTH

Number of Additional Sheets, if any _____

Signature(s) of Debtor(s)

Signature of Secured Party